

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/11/01
FORMALITY REVIEW	Request	925	01-24-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	9/02 6/03
1	✓
2	+
3	+
4	+
5	+
6	+
7	+
8	+
9	+
10	+
11	+
12	+
13	+
14	+
15	+
16	+
17	+
18	+
19	+
20	+
21	+
22	+
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33	+
34	+
35	+
36	+
37	+
38	+
39	+
40	+
41	+
42	+
43	+
44	+
45	+
46	+
47	+
48	+
49	+
50	+

Claim	Date
Final Original	9/02 6/03
51	+
52	+
53	+
54	+
55	+
56	+
57	+
58	+
59	+
60	+
61	+
62	+
63	+
64	+
65	+
66	+
67	+
68	+
69	+
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89	+
90	+
91	+
92	+
93	+
94	+
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96	+
97	+
98	+
99	+
100	+

Claim	Date
Final Original	
101	
102	
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If more than 150 claims or 10 actions  
staple additional sheet here

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